



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3367

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/715,178 | <b>FILING OR 371(c) DATE</b><br>11/17/2003<br><b>RULE</b> | <b>CLASS</b><br>370 | <b>GROUP ART UNIT</b><br>2616 | <b>ATTORNEY DOCKET NO.</b><br>115426-839 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
 Matthew Butehorn, Mt. Airy, MD;  
 John Border, Poolesville, MD;  
 Patrick Stevens, Eldersburg, MD;  
 Robert Torres, New Market, MD;  
 Dennis Conti, Annapolis, MD;  
 Vaibhav Kumar, Germantown, MD;  
 Deepak Arur, McLean, VA;  
 Mangala Kannan, Potomac, MD;

**\*\* CONTINUING DATA \*\*\*\*\*** *Yes / DH*  
 This appln claims benefit of 60/427,511 11/19/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *No / DH*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/23/2004**

|   |                               |                             |                           |                                |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>15 | <b>TOTAL CLAIMS</b><br>55 | <b>INDEPENDENT CLAIMS</b><br>7 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>DH</i> |                               |                             |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                               |                             |                           |                                |

**ADDRESS**  
29158

**TITLE**  
System and method for routing among private addressing domains

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1874 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
|                                    |   | <input type="checkbox"/> Credit                                |